

County: Outagamie  
MANORCARE HEALTH SERVICES  
1335 SOUTH ONEIDA STREET

Facility ID: 1080

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APPLETON 54915 Phone: (920) 731-6646  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 104  
Total Licensed Bed Capacity (12/31/02): 104  
Number of Residents on 12/31/02: 95

Ownership:  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 101

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.7
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		46.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.7	More Than 4 Years		18.9
Day Services	No	Mental Illness (Org./Psy)	13.7	65 - 74	6.3			-----
Respite Care	No	Mental Illness (Other)	3.2	75 - 84	32.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.8	65 & Over	85.3	-----		
Transportation	No	Cerebrovascular	9.5		-----	RNs		5.9
Referral Service	No	Diabetes	1.1	Sex	%	LPNs		11.7
Other Services	No	Respiratory	6.3	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	42.1	Male	28.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	71.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	1.9	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	15	100.0	277			49	94.2	104	6	100.0	119	21	100.0	154	0	0.0	0	1	100.0	275	92	96.8
Intermediate	---	---	---			2	3.8	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.1
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0				52	100.0		6	100.0		21	100.0		0	0.0		1	100.0		95	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health	6.9	Bathing	4.2	82.1	13.7	95			
Private Home/With Home Health	0.0	Dressing	21.1	69.5	9.5	95			
Other Nursing Homes	1.3	Transferring	28.4	54.7	16.8	95			
Acute Care Hospitals	91.8	Toilet Use	26.3	56.8	16.8	95			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	78.9	14.7	6.3	95			
Rehabilitation Hospitals	0.0	*****							
Other Locations	0.0								
Total Number of Admissions	232	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	5.3	Receiving Respiratory Care	4.2				
Private Home/No Home Health	43.5	Occ/Freq. Incontinent of Bladder	54.7	Receiving Tracheostomy Care	2.1				
Private Home/With Home Health	1.3	Occ/Freq. Incontinent of Bowel	40.0	Receiving Suctioning	1.1				
Other Nursing Homes	3.0			Receiving Ostomy Care	1.1				
Acute Care Hospitals	29.1	Mobility		Receiving Tube Feeding	3.2				
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	6.3	Receiving Mechanically Altered Diets	25.3				
Rehabilitation Hospitals	0.0								
Other Locations	4.2	Skin Care		Other Resident Characteristics					
Deaths	19.0	With Pressure Sores	4.2	Have Advance Directives	40.0				
Total Number of Discharges		With Rashes	5.3	Medications					
(Including Deaths)	237			Receiving Psychoactive Drugs	7.4				

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.1	84.7	1.15	85.7	1.13	85.3	1.14	85.1	1.14
Current Residents from In-County	51.6	81.6	0.63	81.9	0.63	81.5	0.63	76.6	0.67
Admissions from In-County, Still Residing	5.6	17.8	0.32	20.1	0.28	20.4	0.27	20.3	0.28
Admissions/Average Daily Census	229.7	184.4	1.25	162.5	1.41	146.1	1.57	133.4	1.72
Discharges/Average Daily Census	234.7	183.9	1.28	161.6	1.45	147.5	1.59	135.3	1.73
Discharges To Private Residence/Average Daily Census	105.0	84.7	1.24	70.3	1.49	63.3	1.66	56.6	1.86
Residents Receiving Skilled Care	97.9	93.2	1.05	93.4	1.05	92.4	1.06	86.3	1.13
Residents Aged 65 and Older	85.3	92.7	0.92	91.9	0.93	92.0	0.93	87.7	0.97
Title 19 (Medicaid) Funded Residents	54.7	62.8	0.87	63.8	0.86	63.6	0.86	67.5	0.81
Private Pay Funded Residents	22.1	21.6	1.03	22.1	1.00	24.0	0.92	21.0	1.05
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	16.8	29.3	0.58	37.0	0.45	36.2	0.47	33.3	0.51
General Medical Service Residents	42.1	24.7	1.70	21.0	2.00	22.5	1.87	20.5	2.05
Impaired ADL (Mean)	40.4	48.5	0.83	49.2	0.82	49.3	0.82	49.3	0.82
Psychological Problems	7.4	52.3	0.14	53.2	0.14	54.7	0.13	54.0	0.14
Nursing Care Required (Mean)	5.8	6.8	0.85	6.9	0.84	6.7	0.86	7.2	0.80